

Multicultural Council
of the Riverside Museum Associates
City of Riverside Municipal Museum



Dear Prospective Volunteer,

Thank you for your interest in volunteering at the 7th Annual Family Village Festival on October 8, 2005. Volunteer opportunities include:

- ☐ Assisting Festival visitor with completing their Passports to culture, including taking pictures of visitors.
- ☐ Photographing events at the Festival
- ☐ Assisting with craft-making at cultural booths
- ☐ Providing general information to visitors
- ☐ Selling Festival merchandise
- ☐ Helping to prepare craft materials for the Festival
- ☐ Assisting with coordinating performances and demonstrations
- ☐ And much more!

Please tell us about your interests and skills by completing the attached application packet. Packets must be completed and submitted by October 1, 2005. Please return all packets to:

Family Village Festival Volunteer Coordinator
C/o Museum Education Division
3580 Mission Inn Avenue
Riverside, CA 92501

Please remember to complete the entire packet. A *Consent to Surgical Treatment of Minor* form will need to be completed by the parents or legal guardian of any child under the age of 18. A parent must accompany youth volunteers under the age of 14 at all times.

You will be contacted as soon as your packet is received. If you need additional assistance, please do not hesitate to contact me at 951-826-5124. Again, thank you for your interest, and we hope to see you at the 7th Annual Family Village Festival!

Sincerely,

A handwritten signature in black ink, appearing to read 'Wendy Sparks'.

Wendy Sparks
Education Curator
Riverside Municipal Museum

7th Annual Family Village Festival

Volunteer Questionnaire

NAME OF INDIVIDUAL OR GROUP:	DATE OF BIRTH:
------------------------------------	----------------

ADDRESS:

CITY:	STATE:	ZIP:
-------	--------	------

E-MAIL:	PHONE:	CELL PHONE:
---------	--------	-------------

IF YOU ARE APPLYING TO VOLUNTEER ON BEHALF OF A GROUP OR CLUB, PLEASE DESCRIBE GROUP AND GIVE NAMES AND AGES OF INDIVIDUAL MEMBERS OF THE GROUP:
--

HOW WOULD YOU LIKE TO HELP?

DO YOU HAVE ANY SPECIAL SKILLS OR EXPERIENCE THAT YOU WOULD LIKE TO APPLY AS A FESTIVAL VOLUNTEER?
--

ACCIDENT/INJURY
AUTHORIZATION FORM TO CONSENT TO THE MEDICAL/
SURGICAL TREATMENT OF A MINOR

Pursuant to California Family Code Sections 6902 and 6910, I the undersigned, parent and or

legal guardian of _____ whose date of birth is _____
Do hereby authorize medical and or surgical treatment by a State of California licensed
Medical Doctor (M.D.) And or a State of California licensed Hospital and or a licensed
Hospital Emergency Room and or a Private Practice Office operated by a State of California
licensed Medical Doctor (M.D.), duly certified and licensed and or their representatives as
agent(s) for the undersigned to consent to any x-ray, laboratory, anesthetics, medical or
surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be
rendered under the general or special supervision of a licensed Medical Doctor (M.D.) per the
provisions of the Medical Practice Act and who is on the staff of the accredited hospital,
whether such diagnosis or treatment is rendered at the office of the treating physician or at an
accredited hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment
or hospital care being required but is given to provide authority, consent and power on the part
of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or
hospital care which the aforementioned physician in the exercise of his Medical and Surgical
judgement may deem advisable.

In addition you are authorized to release and or to receive any and all medical records and or
related medical information pertaining to and or aiding in the treatment rendered the (Minor)
named above with regards to the (Minor/Minor's) Industrial Accident/Injury.

Dated: _____ Signed: _____
Parent or Legal Guardian

Dated: _____ Signed: _____
Witness Signature

In case of emergency, please notify:

Name _____ Relationship _____
Address _____ City _____ Zip _____
Telephone _____



CITY OF RIVERSIDE
MUNICIPAL VOLUNTEER PROGRAM
Human Resources Department
3780 Market Street
Riverside, CA 92501

Dept/Div _____

Date Assigned _____

Date Terminated _____

Volunteer Profile

Please complete this profile in as much detail as possible so that a volunteer assignment can be made to match your needs, abilities and schedule. You will be contacted as volunteer assignments become available.

NAME _____
Please Print

Student ___ Retired ___ Intern ___ Other ___

ADDRESS _____
Number Street

☐ Male ☐ Female

City Zip Code

S.S. # _____

PHONE _____
Home

Message _____

Do you have a valid California Driver's License? Yes ___ DL # _____ No ___
Check the areas below in which you have skills and/or interests:

☐ Audio-visual
☐ Bldg. Maintenance
☐ Clerical
☐ Graphic Arts
☐ Receptionist

☐ Grounds Maintenance
☐ Special Activity Aide
☐ Sr. Nutrition Program
☐ Mechanical Maintenance
☐ Word Processing

☐ Program Assistant
☐ Recreation Helper
☐ Report Writing
☐ Other (Please explain) _____

IN CASE OF EMERGENCY:

1. _____ PHONE # _____

2. _____ PHONE # _____

PHYSICIAN OR HOSPITAL TO CALL IN AN EMERGENCY:

_____ PHONE # _____

PLEASE PRINT - This information will be detached from your profile card and used for research and statistical purposes only.

YOUR NAME: (Last) (First) (M.I.)		SOCIAL SECURITY NO.:	
ETHNIC BACKGROUND: (See reverse side for definition) Choose the one (ONLY ONE) ethnic group with which you most closely identify yourself. <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> or Alaskan Native		SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	AGE GROUP: <input type="checkbox"/> Under 40 <input type="checkbox"/> Over 40
DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No If there is any reasonable accommodation necessary, contact the Personnel Department at 782-5806.		How did you hear about the volunteer program? <input type="checkbox"/> Radio/TV Station: _____ <input type="checkbox"/> Personnel Office <input type="checkbox"/> Newspaper: _____ <input type="checkbox"/> City Employee <input type="checkbox"/> Magazine: _____ <input type="checkbox"/> Job-Line <input type="checkbox"/> Other: _____ <input type="checkbox"/> Friend/Relative	

1210.006

Briefly list other work experience: _____

List skills, hobbies or interests related to the volunteer work you desire: _____

List at least two (2) local references (employer, teacher, neighbor):

1. _____
Name Address City/State/Zip Phone

2. _____
Name Address City/State/Zip Phone

3. _____
Name Address City/State/Zip Phone

Have you ever been convicted of a felony? (Conviction does not necessarily disqualify you for a volunteer assignment.) _____ Yes _____ No

If yes, please list offense, date, city and state: _____

Indicate languages other than English which you speak fluently: _____

Check the times that you are available to volunteer:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Hrs. Per Week
Morning								
Afternoon								
Evening								

Signature of Volunteer _____ Date _____

Under 18 years old must have Parent or Guardian Consent.

Parent or Guardian Signature _____ Date _____

City of Riverside
MUNICIPAL VOLUNTEER PROGRAM
VOLUNTEER AGREEMENT

This form constitutes an agreement between _____ Volunteer

and _____
Department Division

THE VOLUNTEER AGREES TO BE AVAILABLE:

HOURS		DAYS OF WEEK						
FROM	TO	SUN	MON	TUE	WED	THU	FRI	SAT

Assignment Start Date: _____ End Date: _____

for the following assignment (general description) _____

As a Volunteer, I realize I am representing the City of Riverside during my assigned hours. It is my responsibility to understand, agree with and fulfill the following:

1. Be courteous with the public in their request(s) for information and services.
2. Accept training, guidance and supervision provided by my staff supervisor.
3. Perform duties to the best of my ability, and inform my supervisor when time or knowledge may be insufficient to complete the assigned task.
4. Maintain and exhibit a neat and clean appearance as a Volunteer representing the City.
5. Sign in and out on the time sheet provided, and inform my supervisor or his/her staff when unable to report to assignment or of intent to resign.

As a supervisor of the above named Volunteer, I understand and agree to the following:

1. To provide orientation to the Volunteer as it pertains to respective assignment(s).
2. To utilize the Volunteer's time effectively and have assignments prepared for the Volunteer at his/her scheduled time.
3. To arrange a flexible assignment as it meets the needs of the department and the Volunteer.
4. To notify the Volunteer in advance if services are not needed at a particular time or day.

It is understood by both parties that this agreement and assigned tasks are negotiable. In the event of any changes, please contact the Programs Coordinator at 782-5396.

Volunteer's Signature _____

Date _____

Supervisor's Signature _____

Date _____

Phone: _____

AGREEMNT.FRM
131-139R3

Distribution:

Supervisor - Original
Volunteer - 2nd Copy
Programs Coordinator - 3rd Copy - Human Resources Department